

**ROSS MILLER** Secretary of State 206 North Carson Street Carson City, Nevada 89701-4299 (775) 684 5708

Website: www.nvsos.gov

## **Certificate of Registration** of a Limited-Liability Limited Partnership (PURSUANT TO NRS CHAPTER 88)

**USE BLACK INK ONLY - DO NOT HIGHLIGHT** 

ABOVE SPACE IS FOR OFFICE USE ONLY

#### Certificate of Registration of a Nevada Limited-Liability Limited Partnership (Pursuant to NRS Chapter 88)

1. Name of the Limited-L	iability Limited Partnership:			
2. Name of the Nevada L	imited Partnership registering to	become the Limited-Liability	Limited Partners	hip:
3. Street address of the F	Principal Office:			
Street Address		City	State	Zip Code
	Service of Process: (check one box of	·	Claire	p
Commercial Registered	·			
Noncommercial Registe (name and address b	ered Agent OR	Office or Position with Entit (name and address below)	ty	
Name of Noncommercial Registered	d Agent OR Name of Title of Office or Other I	Position with Entity		
			Nevada	
Street Address		City		Zip Code
			Nevada	
Mailing Address (if different from str	·	City		Zip Code
5. Name and Business A	ddress of each initial General Pa	rtner:*		
Name	Business Address	City	State	Zip Code
vallie	Dusiliess Address	City	State	Zip Code
Name	Business Address	City	State	Zip Code
3. Name, Business Addre	ess and Signature of each Organi	izer executing the certificate:	*	
Name		Organizer Signature		
Business Address		City	State	Zip Code
	en executed by the vote necessar be a registered limited-liability lin		greement. The	limited
8. I hereby accept appoir	ntment as Registered Agent for th	e above named Entity.		
X				
Authorized Signature of Pegisters	ed Agent or On Behalf of Registered Agent F	Entity D	Date	

Filing Fee: \$100.00

\*attach a plain 8 1/2" x 11" sheet to list additional names and addresses.

Nevada Secretary of State NRS 88 DLLLP Registration

Revised on 7-1-08



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: www.nvsos.gov

## Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

**USE BLACK INK ONLY - DO NOT HIGHLIGHT** 

ABOVE SPACE IS FOR OFFICE USE ONLY

### Certificate of Acceptance of Appointment by Registered Agent:

In the matter of				
		Name of Business	s Entity	
Ι,				
am a: (complete only	Name o	f Registered Agent		
a) commer	cial registered agent listed	with the Nevada	Secretary of State,	
b) noncom	mercial registered agent wi	th the following	address for service of	process:
			Nevada	
Street Address		City		Zip Code
			Nevada	
Mailing Address (	if different from street address)	City		Zip Code
and hereby state t	that on Date	I accepted t	he appointment as reç	gistered agent
for the above nam	ned business entity.			
Signature:				
X				
Authorized Signature	of P. A. or On Rehalf of P. A. Comn	any	Date	



### Filing Instructions for the **Amendments Division**

#### IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

Dear Customer: We value your patronage and desire to provide you the best service possible. In an effort to facilitate your filing we would appreciate your taking a moment to read the following before submitting your document. Failure to include any of the information required on the form may cause the filing to be rejected.

#### -Thank vou-

- 1.) One file stamped copy of the filing will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- 2.) If paying for expedite service, include the word "EXPEDITE" in your correspondence.
- 3.) Verify filing is submitted on the correct form prescribed by the Secretary of State.
- 4.) Forms must include appropriate signatures as required.
- 5.) If applicable, include the appropriate names and addresses as requested on the form.
- 6.) If adding new managers or general partners, their names and addresses must be set forth.
- 7.) Documents must reflect the complete name of the entity as registered with the Secretary of State.
- 8.) Attach all pages that are referenced as attachments.
- 9.) All documents must be legible for filming and/or scanning.
- 10.) If filing restated articles (containing newly amended articles, deletions or additions), provide a form prescribed by the Secretary of State indicating which articles have been amended, deleted or added. Furthermore, the articles must contain the necessary amendment language as required by the statutes governing amendments for that type of business entity.
- 11.) Verify that the status of the entity is not revoked. Verification may be made by visiting our Web site at www.nvsos.gov or calling this office.
- 12.) The correct filing date must be provided when required.
- 13.) All required information must be completed and appropriate boxes checked or filing will be rejected.
- 14.) Please contact this office for assistance if you are unsure of the filing fee for your document.

All forms may be downloaded from our Web site www.nvsos.gov. The Nevada Revised Statutes may be obtained at http://www.leg.state.nv.us/NRS.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

**MAIN OFFICE:** 

Regular and Expedited Filings

Secretary of State Amendments Division 204 North Carson Street, Suite 1 Carson City NV 89701-4299 Phone: 775-684-5708 Fax: 775-684-5731

**SATELLITE OFFICES: Expedited Filings Only** 

Secretary of State – Las Vegas **Commercial Recordings Division** 555 East Washington Ave, Suite 4000 Las Vegas NV 89101 Phone: 702-486-2880

Fax: 702-486-2888

Secretary of State - Reno **Commercial Recordings Division** 1755 East Plumb Lane, Suite 231 Reno NV 89502 Phone: 775-688-1257 Fax: 775-688-1858



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: www.nvsos.gov

# Customer Order Instructions

Service F	Requested:	Regular	24-Hour Expe	edite (additional fee included)
SUBMIT THIS COMPL	ETED FORM WITH YOUR FILING	G	USE BLACK INK	ONLY - DO NOT HIGHLIGHT
Name of Entity:				Date:
Return to:				
Contact Name:			Phone:	
Return Delivery	(mark one):	dEx: Account #		
Hold for Pi	ck Up 🔲 Mail	to Address Above	e Other (explain	ı below)
Order Description	ON (include items being ord	dered and fee breakdov	vn)*:	
stamped copy ordered additional copy is \$2  Method of Paym		no charge. Each for each certification.)	Total Amour	
_	y OrdereCheck	/ CIEUIL CAI'O (attach	checklist) Trust A	CCOUNT
	e remaining in job #			



ROSS MILLER Secretary of State 206 North Carson Street Carson City, Nevada 89701-4299 (775) 684 5708 Website: www.nvsos.gov

# 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETE	ED FORM WITH YOUR FILING USE BLACK INK ONLY - DO NOT HIGHLIGHT
Date:	2-Hour Expedite Service Requested: \$500.00 Fee Included
Return to:	
Address:	
Phone:	
Contact Person:	
Return Delivery (ma	rk one): FedEx: Account #
☐ Hold for Pick U	Jp
Confirmation Fax  Name of Entity:	Number: Confirmation E-mail Address:
Order Description	(include items being ordered and fee breakdown)*:
	ffice keeps the original paperwork. The first file
stamped copy ordered	at the time of filing is at no charge. Each  Total Amount:  Diper page (plus \$30.00 for each certification.)
stamped copy ordered	per page (plus \$30.00 for each certification.)



ROSS MILLER Secretary of State 206 North Carson Street Carson City, Nevada 89701-4299 (775) 684 5708 Website: www.nvsos.gov

## 1-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

**USE BLACK INK ONLY - DO NOT HIGHLIGHT** 

Date: 1-	-Hour Expedite Service Requested: <b>\$1000.00</b> Fee Included
Return to:	
Address:	
Phone:	
Contact Person:	
Return Delivery (mark one):	Ex: Account #
☐ Hold for Pick Up ☐ Mail to Add	dress Above
Confirmation Fax Number:  Name of Entity:	Confirmation E-mail Address:
Order Description (include items being ord	lered and fee breakdown)*·
(morado nomo somigione	
* PLEASE NOTE: this office keeps the original par stamped copy ordered at the time of filing is at no additional copy is \$2.00 per page (plus \$30.00 for Method of Payment:	charge. Each Total Amount:
☐ Check/Money Order ☐ eCheck/C	Credit Card (attach checklist) Trust Account
☐ Use balance remaining in job #	



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 Phone: (775) 684 5708

Website: www.nvsos.gov

24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

#### 24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

#### 2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

#### 1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



**Authorized Signature** 

**ROSS MILLER** Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: www.nvsos.gov

## ePayment Checklist (For Counter, Fax and Mail Requests)

Corder Processing Requested: Regular Processing Requires Additional Fees)   Regular Processing   24-HOUR Expedite   2-HOUR Expedite   1-HOUR Expedite       Payment by Electronic Check (account holder name and address required below)	Service Type: Counter Mail	Fax USE BLACK INK ONLY - DO NOT HIGHLIGHT
Payment by Electronic Check (account holder name and address required below)  Account Type: Checking Savings  Account Number:  Amount of Electronic Check: USD \$  Payment by Card (card holder name and billing address required below)  Card Type: VISA   MasterCard   Discover   American Express    Customer Credit Card Number:  *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filling or service request.  Credit Card Expiration Date: Month   Year    Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account		
Account Type: Checking Savings  Account Number:  Amount of Electronic Check: USD \$  Payment by Card (card holder name and billing address required below)  Card Type: VISA MasterCard Discover American Express Customer Credit Card Number:  *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date: Month Year  Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account	Regular Processing 24-HOUI	R Expedite 2-HOUR Expedite 1-HOUR Expedite
Checking Savings  Account Number:  Amount of Electronic Check: USD \$  Payment by Card (card holder name and billing address required below)  Card Type: VISA   MasterCard   Discover   American Express    Customer Credit Card Number: V CODE*  * 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date: Month   Year    Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account	Payment by Electronic Checl	<b>k</b> (account holder name and address required below)
Amount of Electronic Check: USD\$  Payment by Card (card holder name and billing address required below)  Card Type: VISA MasterCard Discover American Express  Customer Credit Card Number: V CODE*  *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date: Month Year  Amount to Charge Card: USD\$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account	Account Type:  Routing Number:	Signal.
Amount of Electronic Check: USD \$  Payment by Card (card holder name and billing address required below)  Card Type: VISA   MasterCard   Discover   American Express    Customer Credit Card Number:   V CODE*  * 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date:   Month   Year    Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account		echeck
Payment by Card (card holder name and billing address required below)  Card Type: VISA   MasterCard   Discover   American Express    Customer Credit Card Number:   V CODE*  * 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found to the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Fallure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date:   Month   Year    Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account	Savings <u>Account Number:</u>	
Card Type: VISA MasterCard Discover American Express  Customer Credit Card Number: V CODE*  *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date: Month Year  Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account		Amount of Electronic Check: USD \$
Customer Credit Card Number:  *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date:  Month  Year  Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account	Payment by Card (card holder no	name and billing address required below)
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.  NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date: Month Year  Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account	Card Type: VISA Mas	sterCard Discover American Express
NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date: Month Year  Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Name as it Appears on the Account	Customer Credit Card Number:	V CODE*
NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date: Month Year  Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Name as it Appears on the Account		
NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.  Credit Card Expiration Date: Month Year  Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account		
Amount to Charge Card: USD \$  Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account	NOTICE: For security and verification purp (VCode) number located on the credit card.	poses, all credit card payments must include the 3 or 4-digit CVV2 code
Order Information (required)  Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account	Credit Card Expiration Date: Month	Year
Entity Name/Order Reference:  Account/Card Holder Information:  Name as it Appears on the Account		Amount to Charge Card: USD \$
Account/Card Holder Information:  Name as it Appears on the Account	<b>Order Information</b> (required)	
Name as it Appears on the Account	Entity Name/Order Reference:	
	Account/Card Holder Information:	) <b>:</b>
Billing Address	Name as it Appears on the Account	nt
	Billing Address	S
City, State, Zip	City, State, Zip	o
Telephone	Telephone	e
Payment Authorization	Payment Authorization	
I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):	I authorize the Secretary of State to bill an a	amount not to exceed the following to be charged to the above listed
X Not to Exceed Amount: USD \$	X	Not to Exceed Amount: USD \$



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
Phone: (775) 684 5708

Phone: (775) 684 5708 Website: www.nvsos.gov

# Copies and Certification Services Fee Schedule Effective 7-1-08

The following is a list of copies and certification services and the associated fees. Fees are per document unless otherwise noted.

#### SERVICE REQUESTED:

Copies  Certification of Document	\$2.00 per page \$30.00
Search	\$50.00 \$50.00
Certificates:	ψ50.00
Certificate of Existence (evidence of good standing – short form)	\$50.00
Certificate of Existence (listing amendments – long form)	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Certificate Evidencing Name Change, Certificate of Fact of Merger,	Ψ100.00
Certificate of Default, Certificate of Revocation, Certificate of Dissolution,	
Certificate of Withdrawal, Certificate of Cancellation,	
Certificate of Non-Existence	\$50.00
Miscellaneous Certificates	\$50.00
Apostille (Hague Treaty Nations)/Certification (Non-Hague Treaty Nations)	\$20.00
Exemplification	\$50.00 \$50.00
Corporate Charter	\$50.00 \$50.00
Ceremonial Charter	\$100.00 \$100.00

#### EXPEDITE SERVICE:

Expedite service is available for copies, certificate and certification services. Fees for expedite service are in addition to the fees as listed above.

#### 24 Hour Expedite Service: Order may be picked up or mailed out within 24-hours.

Copies: (per entity name) 1 to 10 pages	\$75.00 \$125.00
Certificates (per entity name & and certificate type): 1 to 10 certificates	\$75.00 \$125.00
Search: Expedite fee on search only; additional expedite fee required for copies	\$25.00
<u>4-Hour Expedite Service:</u> Order may be picked up or mailed within 4-hours.  CERTIFICATES ONLY (per entity name & certificate type):	
1 or more certificates	\$125.00
2-Hour Expedite Service: Order may be picked up or mailed within 2-hours.  1 or more certificates (per entity name & and certificate type)	\$500.00 \$500.00
1-Hour Expedite Service: Order may be picked up or mailed within 1-hour.  1 or more certificates (per entity name & and certificate type)	\$1000.00 \$1000.00

#### BASIC INSTRUCTIONS:

- All orders may be submitted in writing, with fees enclosed, to the above address. Telephone orders with payment by VISA, Mastercard, Discover or American Express may be called into our Customer Service Department at (775) 684-5708. Trust account and credit card customers may fax <u>expedite orders only</u> to (775) 684-5645. Trust account orders must be received on company letterhead.
- 2. All orders not specified as a pick-up are mailed out via first-class mail, unless a Federal Express number is provided or other major courier pickup arrangement is made.
- 3. Fax back service is *only available* on 1-hour and 2-hour expedite orders for certificates or copies of 50 pages or less. This service must be requested at time of order with complete fax information provided.
- 4. Each order will be returned to one address only.

Revised: 7-1-08



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201

Phone: (775) 684 5708 Website: www.nvsos.gov

### Limited-Liability Limited Partnership Fee Schedule Effective 7-1-08

LIMITED-LIABILITY LIMITED PARTNERSHIP FEES: Pursuant to NRS Chapters 87A and 88 for

Domestic and Foreign Limited-Liability Limited Partnerships.

Domestic and Foreign Limited-Liability Limited Partnerships.	
Certificate of Registration of Limited-Liability Limited Partnership	\$100.00
Registration of Foreign Limited-Liability Limited Partnership	\$100.00
Reinstatement Fee	\$300.00
Certificate of Amendment	\$175.00
Restated Articles	\$175.00
Certificate of Correction	\$175.00
Merger	\$350.00
Termination Pursuant to NRS 92A	\$350.00
Cancellation of Domestic Limited-Liability Limited Partnership	\$60.00
Cancellation of Foreign Limited-Liability Limited Partnership	\$75.00
Preclearance of any Document	\$125.00
Articles of Conversion; Articles of Domestication – contact office for fee information	
24-Hour Expedite fee for above filings	\$125.00
Change of Noncommercial Registered Agent	\$60.00
Change of Registered Agent by Represented Entity	\$60.00
Resignation of General Partner	\$75.00
Resignation of Registered Agent (plus \$1.00 for each additional entity listed)	\$100.00
Name Reservation	\$25.00
24-Hour Expedite fee for above filings	\$25.00
Apostille	\$20.00
Ceremonial Charter	\$100.00
Certificate of Good Standing	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Initial List of General Partners	\$125.00
Annual or Amended List of General Partners for LLLP filed pursuant to NRS Chapter 87A	\$125.00
Annual or Amended List of General Partners for LLLP filed pursuant to NRS Chapter 88	\$175.00
24-Hour Expedite fee for above filings	\$75.00
Certification of Documents – per certification	\$30.00
	ΨΟΟ.ΟΟ
Copies – per page	\$2.00

2-Hour Expedite is available on all of the above filings at the fee of \$500.00 per item.

1-Hour Expedite is available on all of the above filings at the fee of \$1000.00 per item.

PLEASE NOTE: the expedite fee is in addition to the standard filing fee charged on each filing and/or order.

#### **24- HOUR EXPEDITE TIME CONSTRAINTS:**

Each filing submitted receives same day filing date and may be picked up within 24 hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form. The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.